Candidate REPORT OF RECEIPTS AND DISBURSEMENTS

| Senate District 36 Special Election | DESERVIER |
|---|--|
| Name of Candidate Albert Butler | RECEIME |
| Address P. O. Box 614, Port Gibson, MS 39150 Telephone (601) 437-4089 Fax (601) 437-0688 Contact Name Albert Butlerc Email butleralbert Pwildhlus Office Sought State Senate Political Party Descriptoration | |
| Check here if above is different from previous report | |
| TYPE OF REPORT | |
| February 9, 2010 Pre-Election Report (January 1, 2010, through February 6, 2010) | Mandatory |
| March 2, 2010 Runoff Report (February 7, 2010 through February 27, 2010) | Runoff Candidates |
| | only Mandatory |
| | ired to terminate ting obligations |
| <u>IMPORTANT</u> | |
| (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In shall submit a report indicating "0" (Zero) for total amount of reported contributions and expendence. | such case, the candidate litures during this period. |
| (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in ac Ann. § 23-15-807 (b) (ii) and (iii). | |

| REPORTED | CONTRIBUTIONS AND DISBURSEMENTS | |
|-------------|----------------------------------|--|
| IVEI OIVIED | CONTINIDO HONO AND DISBURSEMENTS | |

The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working

| NEI OKTED CONTRIBOTIO | WEI OWIED COMMINIONS WAD DISBORSEMEN 12 | | | |
|--|---|-----|-----------|--------------------|
| Itemized + Non-itemized = | This Period | | CT 155 CV | lendar -To-Date |
| Total amount of contributions \$11,250 +\$ 8,691.00 | \$ 19,941.00 | \$ | 36 | ,197.00 |
| Total amount of disbursements \$ 15,688. 44 | \$ 17,048.00 | \$ | 33 | 180.00 |
| Total amount of cash on hand | \$ 3,017.00 | | , | |
| I certify that I have examined this report and to the best of my solution. Signature of Candidate | knowledge and belief it is true, | age | urate, a | nd complete. |

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutli-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

day before the deadline. Faxed reports are acceptable.

| | 111 | , A ., | Page | of |
|-------------------|--------------|----------------------|--------------|----|
| Name of Candidate | or Committee | Pert Pouller | | |
| Reporting period_ | Hornary 27 | through <u>Decem</u> | ber 31, 2010 | |
| | ITEMI | ZED REC | FIPTS | |

| | and the same of th | |
|---|--|--|
| A. Source: □ Corporation □ PAC - Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name Deborah Dawkins | 21/7/10 | \$ 200.00 |
| Mailing Address 111 Lane Ave. #3 | 2125110 | \$ 200.00 |
| Pass Christian, MS 39571 | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 400.00 |
| B. Source: Corporation PAC Individual Loan | Date (Mo., Day, Year) | Amount of each receipt |
| Full name | | \$ 1000.00 |
| Attorneys Barbara & Edward Black Mon | 2125110 | \$ |
| 907 W Peace St City, State, Zip Code | _'_'_ | |
| Canton, MS 39046 | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) Attorney: at - Law (Private Practice | Aggregate year-to-date | \$ 1,000.00 |
| C. Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (place enecify) | | receipt |
| Other (please specify) | (Mo., Day, Year) | this period |
| Full name W. B. Consulidated. Mailing Address | | this period |
| Full name W. B. Conschidated. Mailing Address 770 North West St. | (Mo., Day, Year) | this period \$ 300,00 |
| Full name W. B. Consulidated. Mailing Address 770 North West St. City, State, Zip Code JACKSon, MS 39205 | (Mo., Day, Year) | this period |
| Full name W. B. Consclidated. Mailing Address 770 North West St. City, State, Zip Code DACKSon, MS 39205 Name of Employer (Required) | (Mo., Day, Year) | this period \$ 300,00 |
| Full name W. B. Consulidated Mailing Address 770 North West St. City, State, Zip Code DACKSon, MS 39205 Name of Employer (Required) Occupation (Required) | (Mo., Day, Year) | this period \$ 300,00 |
| Full name W. B. Consult dated. Mailing Address 770 North West St. City, State, Zip Code Dackson, MS 39205 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan | (Mo., Day, Year) 21 191 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | this period \$ 300.00 \$ \$ Amount of each receipt |
| Full name W. B. Consultated. Mailing Address 770 North West St. City, State, Zip Code Dackson, MS 39205 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) | (Mo., Day, Year) 21 191 10 1 1 1 1 1 1 Aggregate year-to-date (Mo., Day, Year) | this period \$ 300.00 \$ Amount of each receipt this period |
| Full name W. B. Conscidated. Mailing Address 770 North West St. City, State, Zip Code DACKSon, MS 39205 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name if Chen Law Firm Mailing Address | (Mo., Day, Year) 21 191 10 1 1 | this period \$ 300.00 \$ \$ \$ Amount of each receipt this period \$ 250.00 |
| Full name W. B. Conscidented. Mailing Address 770 North West St. City, State, Zip Code Dackson, MS 39205 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name if then haw firm Mailing Address P. G. Box 799 City, State, Zip Code City, State, Zip Code Conscidented. | (Mo., Day, Year) 21 191 10 1 1 1 1 1 1 Aggregate year-to-date (Mo., Day, Year) | this period \$ 300.00 \$ \$ \$ \$ \$ Amount of each receipt this period \$ 250.00 \$ |
| Full name W. B. Consclidated. Mailing Address 770 North West St. City, State, Zip Code DACKSON, MS 39205 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name if then haw firm Mailing Address P. O. Box 799 | (Mo., Day, Year) 21 191 10 1 1 | this period \$ 300.00 \$ \$ \$ \$ Amount of each receipt this period \$ 250.00 \$ |
| Full name W. B. Conscidented. Mailing Address 770 North West St. City, State, Zip Code DACKSON, MS 39205 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Hitchen Law Firm Mailing Address P. O. Box 799 City, State, Zip Code Crystal Springs, MS 39059 | (Mo., Day, Year) 21 191 10 1 1 | this period \$ 300.00 \$ \$ \$ \$ \$ Amount of each receipt this period \$ 250.00 \$ |

| | 1 | 1. 1- A .1 | Page | 2 | of | 11 |
|-----------------------------|-------------------|--------------------|------|---|----|----|
| Name of Candidate or Co | ommittee <u> </u> | wert Pourler | | | | |
| Reporting period <u>766</u> | | through <u>Dec</u> | 2010 | | | |

ITEMIZED RECEIPTS

| A. Source: Corporation PAC Individual Loan | Date | Amount of each |
|--|---------------------------|------------------------------------|
| ☐ Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full name James & Linda Wilson | 414110 | \$ 500.00 |
| Mailing Address 10 30 JASper Lane | | \$ |
| City, State, Zip Code Crysfal Springs, MS 39059 Name of Employer (Required) | | \$ |
| Name of Employer (Require(d) | | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 500.00 |
| B. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt |
| John A Eaves Pusiness Account | 31410 | \$ 200, 00 |
| 101 North State St. | | \$ |
| LACKSON, MS 39201 | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 200.00 |
| C. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name JAM PAC | 313110 | \$ 500.00 |
| Mailing Address P. O. Box 1992. | | \$ |
| SA dc. Son, MS 39215 | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 500.00 |
| D. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name Keive L. King | 31410 | \$ 500.00 |
| Mailing Address 2015 Main St. P. O. Box 554 | _'_'_ | \$ |
| Fauette, MS 39069 | _'_'_ | \$ |
| Name of Employer (Required) | '' | \$ |
| Occupation (Required) Health Carc | Aggregate year-to-date | \$ 500.00 |
| | | - |

| | 111 . 2 . (| Page 3 of _ | 11 |
|--------------------------------|---------------|-------------|----|
| Name of Candidate or Committee | Albert PowHer | | |
| 1.1.0 27 | D 31 35 | _ | |

Reporting period 166 27 through Dec 31, 2010 ITEMIZED RECEIPTS

| A. Source: □ Corporation □ PAC #Individual □ Loan | Date | Amount of each receipt |
|---|---------------------------|------------------------------------|
| □ Other (please specify) | (Mo., Day, Year) | this period |
| Full name Greorge R. Marx | 315110 | \$ 500.00 |
| Mailing Address 1671 Hwy 472 | | \$ |
| City, State, Zip Code + Hazelhursf, MS 39083 | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) Banker | Aggregate year-to-date | \$ 500.00 |
| B. Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Mailing Address Mailing Address | 315110 | \$ 500.00 |
| Mailing Address 100 West Gallatin St. City, State, Zip Code | _'_'_ | \$ |
| City, State, Zip Code ——————————————————————————————————— | _'_'_ | \$ |
| 97 9004 96 30 | | \$ |
| Occupation (Required) Attorney - At - Law | Aggregate year–to-date | \$ 500.00 |
| C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| La keharst Development Co. | 315110 | \$ 500.00 |
| P. O. Prawer 727 | ' | \$ |
| City, State, Zin Code Hazelhurst, MS 39083 | ' | \$ |
| Name of Employer (Required) | ' | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 500.00 |
| D. Source: ☐ Corporation ☐ PAC ß Individual ☐ Loan | Date | Amount of each |
| ☐ Other (please specify) | (Mo., Day, Year) | receipt this period |
| Dr. David Headley | 315110 | \$ 250.00 |
| Mailing Address P. O. Box 676 | | \$ |
| City, State, Zip Code Port Gibson, MS 39150 | ' | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) Physician | Aggregate year-to-date | \$ 250.00 |
| U | | |

| Name of Candidate | or Committee | Albert Butlep | Pag | e <u>4</u> | _ of | 11 |
|-------------------|--------------|---------------|----------|------------|------|----|
| Reporting period | 7eb 27 | through Dec | 31, 2010 | | | |
| | ITEN | MIZED REC | CEIPTS | | | |

| A. Source: ♠ Corporation □ PAC □ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---------------------------|------------------------------------|
| Full name R & S Group | 3131110 | -2 |
| Mailing Address 5266 Old Hwar 11 Suite 70-349 | | \$ |
| City, State, Zip Code Hatticsburg, MS 39402 | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 250.00 |
| B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name Mississippi Realtors | 416110 | \$ 500.00 |
| Mailing Address P. O. Box 32/000 | | \$ |
| City, State, Zip Code Howood, MS 39232 | | \$ |
| Name of Employer (Required) | 111 | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 500.00 |
| C. Source: ★ Corporation □ PAC □ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Williford Greathart & Knight | 417110 | \$ 500.00 |
| Mailing Address P. O. Box 318 | | \$ |
| City, State, Zip Code Clinton, MS 39060 | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year–to-date | \$ 500.00 |
| D. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Thompson & Associates | 313110 | \$ 200.00 |
| Mailing Address 814 North President of | | \$ |
| City, State, Zip Code Jackson, MS 39202 | | \$ |
| lame of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 200.00 |

| Name of Candidate or Committee <u>Albert Butlen</u> | Page | 5 | _ of | |
|---|------|---|------|--|
| Reporting period Feb 27 through Dec 31. | 2010 | | | |
| ITEMIZED RECEI | PTS | | | |

| A. Source: | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---------------------------|------------------------------------|
| Full named Ameristan Casino of Vicksburg | 418110 | \$ 500.00 |
| Mailing Address 4116 Washington St | | \$ |
| City, State, Zip Code Uicks burg, M6 39180 | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 500.00 |
| B. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Mac. PAC (Ms Asphalt Contractors PAC | 4129110 | \$ 1000.00 |
| 711 North President St | | \$ |
| City, State, Zip Code Spokson, MS Name of Employer (Required) | | \$ |
| | _'_'_ | \$ |
| Occupation (Required) | Aggregate year–to-date | \$ 1,000,00 |
| C. Source: ☐ Corporation ∠ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| MAE Funds for Children | 416110 | \$ 500.00 |
| Mailing Address 775 North State St. | | \$ |
| City, State, Zip Code JACKSON, MS 39202 | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 500.00 |
| D. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Mr. & Mrs J. W. Person fr. | 412110 | \$ 2.00.00 |
| Mailing Address Leo 2 Church St. | | \$ |
| Port Gubson, MS 39150 | | \$ |
| Name of Employer (Required) | // | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 2.00.00 |

| | | | 111 | Q 1 | | Page | 6 | _ of _ | 11 |
|-------------------|--------|---------|--------|-----------------|---------|------|---|--------|----|
| Name of Candidate | or Cor | nmittee | Floert | Butten | / | | | | |
| Reporting period_ | Jeb | 27 | | ugh <u>Dec.</u> | 31, 201 | 0 | | | |
| | | ITI | EMIZEI | DEC | LID. | TC | | | |

| A. Source: Corporation | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---------------------------|------------------------------------|
| Full name Tanda Resources | 21211 10 | \$ 500.00 |
| Mailing Address 4900 Woodway Suite 1040 | 215110 | \$ 200.00 |
| Houston TX 77056 | ' | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 700.00 |
| B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Professional Associates (David Headley) | 31291 10 | \$ 250.00 |
| P. O. Box 676 | | \$ |
| City, State, Zip Code Port Gy, 65on, MS 39150 | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 250,00 |
| C. Source: Or Corporation □ PAC □ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name SAge Advice, INC- | 3 1301 10 | \$ 200.00 |
| Mailing Address 4785 Hwy 55 North Suite 103 | ' | \$ |
| JACKSON, MS 39206 | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 700 00 |
| D. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name Clara Hoster | 3130110 | \$ 200.00 |
| Mailing Address 148 Oakhurst Trl | | \$ |
| City, State, Zip Code Kidgeland, MS 39157 | | \$ |
| Name of Employer (Regulired) | 11 | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 200,00 |

| | 1 | | 11 |
|--------|---|------|-----|
| Page | 1 | of _ | 6.0 |
| Page . | | of _ | 11 |

Name of Candidate or Committee Albert Butler

Reporting period Peb 27 through Dec 31, 20

ITEMIZED RECEIPTS

| A. Source: □ Corporation □ PAC ② Individual □ Loan | Date | Amount of each |
|---|--|--|
| □ Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full name O. Luckotte, fr. | 3130110 | \$250.00 |
| P.O. Draweer 1000 | | \$ |
| City, State, Zip Code Clarks dale, MS 38614 | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) hawger | Aggregate year-to-date | \$ 250.00 |
| B. Source: Corporation □ PAC □ Individual □ Loan | Date | Amount of each |
| ☐ Other (please specify) | (Mo., Day, Year) | receipt this period |
| Harry C. Freelon, Attorney-At-Law Firm Mailing Address | 3130110 | \$ 200.00 |
| 105 Straford Dr | ' | \$ |
| Name of Employer (Required) | _'_'_ | \$ |
| | ' | \$ |
| Occupation (Required) hawyer | Aggregate year-to-date | \$200.00 |
| C. Source: Corporation PAC Individual Loan | | |
| | Data. | Amount of each |
| ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) | 100 March 1970 1970 1970 1970 1970 1970 1970 1970 | receipt this period |
| Full name Mississippi Power Company State PAC Mailing Address Description | (Mo., Day, Year) | receipt this period |
| Full name Mississippi Power Company State PAC Mailing Address F. D. Box 4079 City, State, Zin Code | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full name Mississippi Power Company State PAC Mailing Address O. Box 4079 City, State, Zip Code Cauf port . MS 39502 Name of Employer (Required) | (Mo., Day, Year) | receipt this period \$ 400.00 |
| Full name Mississippi Power Company State PAC Mailing Address F. D. Box 4079 City, State, Zin Code | (Mo., Day, Year) (Mo., Day, Year) (Mo., Day, Year) | receipt this period \$ 400.00 |
| Other (please specify) Full name Mississippi Power Company State PAC Mailing Address O. Box 4079 City, State, Zip Code Cauf Dot . MS 39502 Name of Employer (Required) | (Mo., Day, Year) (Aggregate year-to-date) | receipt this period \$ 400.00 \$ \$ Amount of each |
| Full name Mississippi Power Company State PAC Mailing Address City, State, Zip Code Cauf Dot . Ms 39502 Name of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) | (Mo., Day, Year) ///// | receipt this period \$ 400.00 \$ \$ Amount of each receipt |
| Full name Mississippi Power Company State PAC Mailing Address City, State, Zip Code Cruft port . MS 39502 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name | (Mo., Day, Year) (Aggregate year-to-date) | receipt this period \$ 400.00 \$ \$ Amount of each |
| Full name Mississippi Power Company State PAC Mailing Address City, State, Zip Code Cruft port . MS 39502 Name of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address | (Mo., Day, Year) (Aggregate year-to-date) | receipt this period \$ 400.00 \$ \$ Amount of each receipt this period |
| Full name Mississippi fower Company State PAC Mailing Address O. Box 4079 City, State, Zip Code Gruff port . MS 39502 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code | (Mo., Day, Year) (Aggregate year-to-date) | receipt this period \$ 400.00 \$ \$ \$ 400.00 Amount of each receipt this period \$ |
| Gity, State, Zip Code Other (please specify) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code | (Mo., Day, Year) (Aggregate year-to-date) | receipt this period \$ 400.00 \$ \$ \$ 400.00 Amount of each receipt this period \$ |
| Full name Mississippi fower Company State PAC Mailing Address City, State, Zip Code Graff port . MS 39502 Name of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code | (Mo., Day, Year) (Aggregate year-to-date) | receipt this period \$ 400.00 \$ \$ \$ 400.00 Amount of each receipt this period \$ \$ |

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|--------------------------------|--------------------|------|---------|--|
| Name of Candidate or Committee | Albert Butler, Sr. | | _ | |
| Reporting period <u>46 27</u> | through Dec 31, | 2010 | | |

| A. Full name OMPR Radio Station | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|--|---|
| Mailing Address 1018 Pecan Circle | 3/3/10 | \$ 1.160.00 |
| City, State, Zip Code JACKSon, MS 39208 | _'_'_ | S |
| Purpose of Disbursement (Optional) Radio adv. | Aggregate Year-to-date | \$ 2,160.00 |
| B. Full name Ecles and Carter | Date (Mo., Day, Year) | Amount of each disbursement this period |
| P. O. Box 98 | 313110 | \$ 500.00 |
| Port Gubson MS 39150 | 3/7/10 | \$ 300.00 |
| Campaign work Supervise Canvassing Drivers etc. | Aggregate Year-to-date | s 1, 700.00 |
| Patricia Gaynes Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| NA. | 3/3/10 | \$ 1, 150.00 |
| Crustal Springs MS Purpose of Disbursement (Optional) | //_ | S |
| Campaign Workers / Supervise Canvussing Driveretz | Aggregate Year-to-date | \$ 1, 450.00 |
| I) Full samo | | |
| Hinds County Gazette | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Hinds County Gazette Mailing Address P. O. Box 729 | | Amount of each disbursement this period \$ 228.00 |
| Hinds County Gazette Mailing Address P. O. Box 729 City, State, Zip Code | (Mo., Day, Year) | disbursement this period |
| Hinds County Gazette Mailing Address P. O. Box 729 City, State, Zip Code Raymond MS 39154 Purpose of Disbursement (Optional) | (Mo., Day, Year) | s 28.00 |
| Mailing Address P. O. Box 729 City, State, Zip Code Raymond MS 39154 Purpose of Disbursement (Optional) New Paper adv. E. Full name Rev Vidor Dixon | (Mo., Day, Year) 3/3/10 3/7/10 Aggregate | s 228.00 |
| Mailing Address P. O. Box 729 City, State, Zip Code Raumad MS 39154 Purpose of Disbursement (Optional) New Paper adv. E. Full name Rev Vidar Dixon Mailing Address Na. | (Mo., Day, Year) 3/3/10 3/7/10 Aggregate Year-to-date Date | s 228.00 s 11400 s 763.06 Amount of each |
| Mailing Address P. O. Box 729 City, State, Zip Code Raymond MS 39154 Purpose of Disbursement (Optional) Mew Paper adv. E. Full name Rev Victor Dixon Mailing Address Na City, State, Zip Code Hazlehurst, MS | (Mo., Day, Year) 3/3/10 3/7/10 Aggregate Year-to-date Date (Mo., Day, Year) | s 28.00 S 11400 S 760,06 Amount of each disbursement this period |
| Mailing Address P. O. Box 729 City, State, Zip Code Raymond MS 39154 Purpose of Disbursement (Optional) Rev Dayrer adv. E. Full name Rev Victor Toixon Mailing Address Na City, State, Zip Code Hazle hurst, MS Purpose of Disbursement (Optional) Drivers (Can vassing Supervision Poll wavers | (Mo., Day, Year) 3/3/10 3/7/10 Aggregate Year-to-date Date (Mo., Day, Year) | s 228.00 S 11400 S 763.06 Amount of each disbursement this period S 2450.00 |
| Mailing Address P. O. Box 729 City, State, Zip Code Raymond MS 39154 Purpose of Disbursement (Optional) Mew Paper adv. E. Full name Rev Victor Dixon Mailing Address Na City, State, Zip Code Hazlehurst, MS Purpose of Disbursement (Optional) Drivers / Canvassing Supervision / Poll worlders F. Full name / Hinds County Gazette | (Mo., Day, Year) 3 / 3 / 10 3 / 7 / 10 Aggregate Year-to-date Date (Mo., Day, Year) 3 / 6 / 10 Aggregate | disbursement this period \$ 228.00 \$ 11400 \$ 763.06 Amount of each disbursement this period \$ 2450.00 \$ |
| Mailing Address P. O. Box 729 City, State, Zip Code Raymond MS 39:54 Purpose of Disbursement (Optional) Mew Dayer adv. E. Full name Rev Vidor Dixon Mailing Address Na City, State, Zip Code Hazlehunst, MS Purpose of Disbursement (Optional) Drivers / Canvassing Supervision / Poll worlders F. Full name Hinds County Gazette Mailing Address Malling Address | (Mo., Day, Year) 3/3/10 Aggregate Year-to-date Date (Mo., Day, Year) 3/6/10 Aggregate Year-to-date Date | disbursement this period \$ 228.00 \$ 11400 \$ 763.06 Amount of each disbursement this period \$ 2450.00 Amount of each |
| Mailing Address P. O. Box 729 City, State, Zip Code Rammad MS 39154 Purpose of Disbursement (Optional) Mew Paper adv. E. Full name Rev Vidor Dixon Mailing Address Na City, State, Zip Code Hazlehunst, MS Purpose of Disbursement (Optional) Drives Canvassing Supervision Poll willers F. Full name Hinds County Gazette Mailing Address O. Box 729 City, State, Zip Code Ramman, MS 39154 | (Mo., Day, Year) 3/3/10 Aggregate Year-to-date Date (Mo., Day, Year) 3/6/10 Aggregate Year-to-date Date (Mo., Day, Year) | disbursement this period \$ 228.00 \$ 11400 \$ 760.06 Amount of each disbursement this period \$ 2450.00 Amount of each disbursement this period |
| Mailing Address P. O. Box 729 City, State, Zip Code Raymond MS 39154 Purpose of Disbursement (Optional) Mew Payer adv. E. Full name Rev Vidor Dixon Mailing Address Na City, State, Zip Code Hazlehunst, MS Purpose of Disbursement (Optional) Drivers Canvassing Supervision Poll workers F. Full name Hinds County Gazette Mailing Address Mailing Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code | (Mo., Day, Year) 3/3/10 3/7/10 Aggregate Year-to-date Date (Mo., Day, Year) 3/6/10 Aggregate Year-to-date Date (Mo., Day, Year) 4/1/10 | disbursement this period \$ 228.00 \$ 11400 \$ 760.06 Amount of each disbursement this period \$ 2450.00 Amount of each disbursement this period \$ 164.05 |

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Name of Candidate or Committee Albert Butler, St.

Reporting period Peb 27 through Dec 31, 2010

| Copian County Courier | Date (Mo., Day, Year) | Amount of each disbursement this period |
|--|--|---|
| Mailing Address 103 Rags date | 313110 | \$ 352.00 |
| Hazlehurst, MS 39083 | 41110 | \$ 352.00 |
| Purpose of Disbursement (Optional) News paper adv. | Aggregate Year-to-date | s 3, 0 33.00 |
| Claibane Poublishing Company P.G. | Date (Mo., Day, Year) | Amount of each disbursement this period |
| P. O. Box 100 2 | 314110 | \$ 120.00 |
| Port G, boon, MS 39150 | 3/7/10 | \$ 120.00 |
| Purpose of Disbursement (Optional) News payer adv. | Aggregate Year-to-date | \$ 960.00 |
| Claibone Publishing Company Review | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address P. O. Box 1002 City, State, Zip Code | 4120110 | 120.00 |
| Port Gibson, M5 39150 | // | S |
| Purpose of Disbursement (Optional) New paper adr. | Aggregate Year-to-date | \$1080.00 |
| D. Full name The Glory Sournal | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address P. 6. Box 973 | 3/3/10 | \$ 121.00 |
| City, State, Zip Code Layette, MS 39069 | 4120110 | \$ 96.00 |
| Purpose of Disbursement (Optional) News paper adv. | Aggregate Year-to-date | \$ 459.00 |
| E. Full pame / he fayette Chrosicle | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | (MO., Day, Tear) | dispuisement this period |
| Mailing Address P. O. Box 536 | 3/3//O | \$ 2 43.00 |
| City, State, Zip Code Huyette, MS 39096 | | |
| City, State, Zip Code Huyette, MS 39096 Purpose of Disbursement (Optional) News passes, activ | 3,3,10 | 5 2 4 3.00 |
| City, State, Zip Code Huyette MS 39096 Purpose of Disbursement (Optional) News pages activ F. Full name Helen Hunten | 3/3//0 4/20/0 Aggregate | s 243.00 s 150.00 |
| City, State, Zip Code Huyette, MS 39096 Purpose of Disbursement (Optional) News paging activ F. Full name Helen Hunter Mailing Address NA | 3 / 3 / 10 4 / 20 10 Aggregate Year-to-date Date | \$ 243.00 \$ 150.00 \$ 1,016 Amount of each |
| City, State, Zip Code Huyette MS 39096 Purpose of Disbursement (Optional) News pages activ F. Full name Helen Hunten | 3 / 3 / 10 4 / 20 10 Aggregate Year-to-date Date (Mo., Day, Year) | S 143.00 S 150.00 S 1,016 Amount of each disbursement this period |

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| Page | | 0 | or_ | 71 |

Name of Candidate or Committee Albert Busling Sr.

Through Dec 31, 2016

| A. Full name | | |
|---|---|---|
| Shelly dones | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 3/3/10 | \$ 550.00 |
| City, State, Zip Code | // | S |
| Purpose of Disbursement (Optional) Canvassing Super vision / workers / Brivers | Aggregate Year-to-date | \$ 650,00 |
| B. Full name Burns | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 313160 | \$ 942.00 |
| City, State, Zip Code Utica M5 | _/_/_ | S |
| Purpose of Disbursement (Optional) Canuassing/signs/workers/Drivers | Aggregate Year-to-date | \$ 1,14200 |
| C. Full name OSeph Porter Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| NA | 315110 | \$ 300.00 |
| Purpose of Disbursement (Optional) | | S |
| Signs / Canvassing | Aggregate Year-to-date | \$ 820.00 |
| U. S. Postal Service, Port Gibson, MS | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 21271 10 | \$ 314.54 |
| City, State, Zip Code, | | \$ |
| Purpose of Disbursement (Optional) Postage for mailing literature | Aggregate | \$ 5 |
| 101 million of ground like | Year-to-date | 314,57 |
| DW Con 2 | Year-to-date Date (Mo., Day, Year) | Amount of each disbursement this period |
| DWCon2 Mailing Address P. O. By 7065 | Date | Amount of each disbursement this period \$ 550.00 |
| Mailing Address P. O. B. W. 7065 City, State, Zip Code JACKSW. M.5 | Date (Mo., Day, Year) | disbursement this period |
| Mailing Address P. O. B. N. 7065 City, State, Zip Code SPCKSW, M5 Purpose of Disbursement (Optional) Literature | Date (Mo., Day, Year) | \$ 550.00 |
| Mailing Address P. O. B. N. 7065 City, State, Zip Code Deckson, M.5 Purpose of Disbursement (Optional) Literature F. Full name HANied Entermise | Date (Mo., Day, Year) 2/28//0 3/4//0 Aggregate | \$ 550.00 |
| Mailing Address P. O. B. W. 7065 City, State, Zip Code SPCKSW, MS Purpose of Disbursement (Optional) Liferature F. Full name HAWied Enterm: 5-e Mailing Address | Date (Mo., Day, Year) 2/28//0 3/4//0 Aggregate Year-to-date Date | s 550.00 \$ 550.00 \$ 1,100.00 Amount of each |
| Mailing Address P. O. B. N. 7065 City, State, Zip Code Deckson, M.5 Purpose of Disbursement (Optional) Literature F. Full name HANied Entermise | Date (Mo., Day, Year) 2/28/10 3/4/10 Aggregate Year-to-date Date (Mo., Day, Year) | s 550.00 S 5 50.00 S 6 50.00 Amount of each disbursement this period |

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Name of Candidate or Committee Albert Butler

Reporting period Peh 27 through Dec 31, 2010

| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---------------------------|---|
| Mailing Address 1002 Church 8+ | 51410 | \$ 1,247.00 |
| City, State, Zip Code Port Gibson MS 39150 | | S |
| Reception for Canpaign Worlers | Aggregate Year-to-date | \$ 1,247.00 |
| Capital Promotions | Date (Mo., Day, Year) | Amount of each disbursement this period |
| 1422 hebanon Rd | 10/11/10 | \$ 2562.00 |
| City, State, Zip Code. Nash wille, TN | // | S |
| Purpose of Disbursement (Optional) Campaign Leteralure | Aggregate Year-to-date | \$ 2562.00 |
| C. Full name/ | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | \$ |
| City, State, Zip Code | | S |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | S |
| City, State, Zip Code | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | // | \$ |
| City, State, Zip Code | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | S |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | // | \$ |
| City, State, Zip Code | // | S |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |